



SPRING MONTESSORI SCHOOL

EXCLUSION Criteria for Childcare and Childminding Settings

Main Points

Any child who is unwell should not attend, regardless of whether they have a confirmed infection.

Coughs and runny noses alone need not be a reason for exclusion but if it is consistent or the child is unwell with it then they should not attend.

Skin Rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.

Children with diarrhea and/or vomiting should be excluded until they have had no symptoms for 48hrs after an episode of diarrhea and/or vomiting.

Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.

Children should only be excluded when there is good reason.

Infection/Virus	Exclusion Period	Comments
DIARRHOEA AND VOMITTING ILLNESS		
General advice	Exclude until 48hrs after the diarrhea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: Young Children Those who may find hygiene practices difficult to adhere to; Those who prepare or handle food for others	Diarrhea is the passages of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhea then the patient should get advice from their GP.
Common Infections		
Norovirus	48 hours from last episode of diarrhea and vomiting.	Discussion should always take place between the Doctor and Nursery
Campylobacter	48 hours from last episode of diarrhea and vomiting.	
Salmonella	48 hours from last episode of diarrhea and vomiting.	
Less Common Infections		
Cryptosporidiosis	48 hours from last episode of diarrhea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhea has settled
E.Coli O157	Seek medical advice from GP	
Shingella (Bacillary Dysentery)	Seek medical advice from GP	
Enteric Fever (Typhoid and Paratyphoid)	Seek medical advice from GP	
RESPIRATORY INFECTIONS		
Coughs/Colds	Until recovered	
Flu (Influenza)	Until recovered or fever broken	Severe infection may occur in those who are vulnerable to infection
Tuberculosis (TB)	Consult with your local GP	Not easily spread by children. Requires prolonged close contact to spread.
Whooping Cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks.
RASHES/SKIN		
Athletes Foot	None	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella Zoster)	5 days from onset of rash	Sever infection may occur in vulnerable children.
Cold Sores (Herpes Simplex)	None	Avoid kissing and contact with sores. Cold Sores are generally a mild self-limiting disease.
German Measles (Rubella)	6 days from onset of rash	Preventable by Immunisation (MMR x 2 doses)
Hand, Foot & Mouth (Coxsackie)	None.	
Impetigo (Streptococcal Group A Skin Infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash.	Preventable by immunization (MMR x 2 Doses). Severe infection may occur in vulnerable children.
Molluscum Contagiosum	None	A self-limiting condition.
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Two treatments 1 week apart for cases. Contacts should have same treatment: include the entire household and any other very close contracts.
Scarlet Fever	24 Hours after commencing antibiotics	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	Until recovered	Severe infection may occur in vulnerable children.
Shingles (Varicella Zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox if those who have not had chickenpox.
Warts & Verrucae	None	Verrucae should be covered in swimming pools.
OTHER INFECTIONS		
Conjunctivitis	None	
Diphtheria	Exclusion will apply	Preventable by vaccination.
Giandular Fever	If unwell	
Head Lice	Until clear	Treatment is recommended only if cases where live lice have definitely been seen. Close contracts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice)	
Hepatitis B and C	None	Blood borne viruses that are not infectious through casual contact.
Meningococcal Meningitis/Septicaemia	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contracts of a case.
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contracts of a case.
Meningitis Viral	Until recovered	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Five days from onset of swollen gland	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is required for the child ad all household contracts



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MEDICAL FORM

1. Name of Student:

2. Sex:

3. Age:

4. Home Telephone:

5. Business Telephone:

Mobile Telephone(s): _____

6. In case of an emergency and if the school is unable to contact the parents,
Please notify:

Name: _____ Relationship to student: _____

Home Tel: _____ Business Tel: _____

Mobile Number (s): _____

7. Immunizations

IMMUNIZATION DATE DATE DATE

BCG

Diphtheria Tetanus

Pertussis Whooping Cough

DTP DTaP DT, TD, DPT

Poliomyelitis (OPV, IPV)

Heamophilus Influenza type B HIB

Hepatitis B Vaccine HBV

Hepatitis A

Measles

Typhium V

Measles, Mumps, Rubella (MMR)

Varicella Vaccine

Hx Chicken Pox

Meningococcal

Meningovax A+C

Others:

8. Does the student have any of the following medical concerns:

No. AILMENT	YES	NO	Pls. give details
1. Heart Condition			
2. Nervous disorder			
3. Allergies: Penicillin, Sulfa Drugs, Serum, Foods			
4. Blood Disorders			
5. Special Diets			
6. Childhood Diseases – Mumps, Chicken Pox			
7. Skin Problems/Rashes			
8. Sickle Cell Anaemia			
9. Surgery of any type			
10. Asthma, respiratory problems			
11. Past Admission to Hospital			
12. Prescribed medication for other concerns			
13. Height (inches) :			Weight (Kg):

9. Is there a condition in the family or medical problem in the family that the school should be aware of?

Yes

No

If yes, please give details:

10. Is there any reason why the student should not participate in full Physical Education Programme?

Yes

No

If yes, please give details:

11. Are there any other concerns you would like us to include?

12. I hereby give permission to the School Authority to act in Loco Parentis in emergencies and accept that all medical bills incurred be forwarded to me.

Signature of Parents

Date

Name of Pediatrician/Family Doctor:

Phone No. _____

Print Name & Stamp

Address _____ Email: _____



SPRING MONTESSORI SCHOOL

ENQUIRY FORM

Date Registered _____

CHILD'S DETAILS:

Child's Surname: _____ Child's First Name: _____
Date of Birth: _____ Sex: _____
Nationality by Origin: _____ Proposed Entry Year: _____
Home Address: _____

Whom Does the Child Mother Father Both
Stay with?

FATHER'S DETAILS:

Father's Surname: _____ Father's First Name: _____
Profession: _____ Nationality: _____
Office Telephone: _____ Mobile: _____
Office Address: _____ Marital Status: _____
Email Address: _____

MOTHER'S DETAILS:

Mother's Surname: _____ Mother's First Name: _____
Profession: _____ Nationality: _____
Office Telephone: _____ Mobile: _____
Office Address: _____ Marital Status: _____
Email Address: _____



FOR OFFICIAL USE ONLY

Date Called to Give Admission Notes _____

Accepted Refused Deferred

REMARKS

